TRANSMITTAL FORM (to be used for all correspondence after initial Total Number of Pages in This Submission		U.s are required to respond to a Application Number Filing Date First Named Inventor Art Unit Examiner Name	10/014,37 Novembe MCDONA 3731 Thaler, Mi	r 9, 2001 LD	d for use k Office; unless it	PTO/SB/21 (09-04) through 07/31/2006 OMB 0651-003T U.S. DEPARTMENT OF COMMERCE displays a valid OMB control number.
Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53		Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revoca Change of Correspondence Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on	e Address		Appea of App Appea (Appea Propri Status Other below	Allowance Communication to TC al Communication to Board peals and Interferences al Communication to TC al Notice, Brief, Reply Brief) etary Information s Letter Enclosure(s) (please Identify); for \$395.00; and pt postcard
Firm Name BAKER, DONELSON, BE Signature Printed name W. EDWARD RAMAGE Date October	ERTIFIC	CATE OF TRANSMIS mile transmitted to the USF dressed to: Commissioner	Reg. No.	50,810) n the Ur	nited States Postal Service with Alexandria, VA 22313-1450 on

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EEE TOAR	Application Nur	mber	10/014,373	/014,373							
FEE TRAN	Filing Date Nov		lovember 9, 2001								
For FY 2005			First Named Inventor M		MCDONALD						
Applicant claims small entity s	Examiner Name Thaler, Michael H.			Н.							
	Art Unit 3731										
TOTAL AMOUNT OF PAYMENT	5.00	Attorney Docke	t No.	2900004-000008							
METHOD OF PAYMENT (check all that apply)											
Check Credit Card Money Order None Other (please identify):											
Deposit Account Deposit Account Number: 08-1629 Deposit Account Name: Baker Donelson											
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)											
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FEE CALCULATION	ND EVASAINATI	ON FEEC									
1. BASIC FILING, SEARCH, AI FILII	NG FEES		CH FEES	FXAN	IINATION FEES	:					
	Small Entity		Small Entity		Small Entity						
Application Type Fee () Utility 300		Fee (\$		Fee :		Fees Paid (\$)					
•	150	500	250	200							
Design 200	100	100	50	130							
Plant 200	100	300	150	160							
Reissue 300	150	500	250	600							
Provisional 200	100	0	0	0	0						
2. EXCESS CLAIM FEES Fee Description					Fee (\$)	Smail Entity Fee (\$)					
Each claim over 20 (including Reissues) 50 25											
Each independent claim over	: 3 (including Re	eissues)			200	100					
Multiple dependent claims				360	180						
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HP = highest number of total claims pa		<u> </u>			<u>Fee (\$)</u>	Fee Paid (\$)					
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If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer											
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or freetien thereof. See 35 U.S.C. 41(e)(1)(G) and 37 CFR 1.16(e)											
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)											
100 = / 50 = (round up to a whole number) x =											
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)											
Other (e.g., late filing surcharge): RCE \$395.00											
SUBMITTED BY											
ignature ()	WI (Registration No. 5	O 810	Telepho	one (615) 726-5771					

-(Attorney/Agent) Name (Print/Type) W. EDWARD RAMAGE Date October 20, 2005

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